

**FEC
FORM 3****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼

Example: If typing, type over the lines.

12FE4M5

MARIA GUTZEIT FOR CONGRESS

ADDRESS (number and street)

23638 LYONS AVENUE #242



Check if different than previously reported. (ACC)

NEWHALL

CA

91321

2. FEC IDENTIFICATION NUMBER ▼

C

C00578062

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS REPORT

☐ NEW (N)

OR

☐ AMENDED (A)

CA

25

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:



April 15 Quarterly Report (Q1)



July 15 Quarterly Report (Q2)



October 15 Quarterly Report (Q3)



January 31 Year-End Report (YE)



Termination Report (TER)

(b) 12-Day PRE-Election Report for the:



Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M /

D D /

Y Y Y Y

in the State of

(c) 30-Day POST-Election Report for the:



General (30G)



Runoff (30R)



Special (30S)

Election on

M M /

D D /

Y Y Y Y

in the State of

5. Covering Period

M M /

D D /

Y Y Y Y

through

M M /

D D /

Y Y Y Y

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Suzann Reina

Signature of Treasurer Suzann Reina

[Electronically Filed]

Date

M M /

D D /

Y Y Y Y

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only**FEC FORM 3**
(Revised 02/2003)

SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

PAGE 2 / 14

Write or Type Committee Name

MARIA GUTZEIT FOR CONGRESS

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	1		2	0	1	6

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	3		3	1		2	0	1	6

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	147.00	61871.79
(b) Total Contribution Refunds (from Line 20(d))	100.00	1500.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	47.00	60371.79
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	3175.10	63041.57
(b) Total Offsets to Operating Expenditures (from Line 14)	421.45	973.65
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))	2753.65	62067.92
8. Cash on Hand at Close of Reporting Period (from Line 27)	0.00	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

FEC Form 3 (Revised 12/2003)

PAGE 3 / 14

Write or Type Committee Name

MARIA GUTZEIT FOR CONGRESS

Report Covering the Period:

From:

M M / D D / Y Y Y Y
01 / 01 / 2016

To:

M M / D D / Y Y Y Y
03 / 31 / 2016

I. RECEIPTS

COLUMN A
Total This Period

COLUMN B
Election Cycle-to-Date

11. CONTRIBUTIONS (other than loans) FROM:

(a) Individuals/Persons Other Than Political Committees

(i) Itemized (use Schedule A).....

0.00

49510.00

(ii) Unitemized

0.00

6525.97

(iii) TOTAL of contributions from individuals ▶

0.00

56035.97

(b) Political Party Committees.....

0.00

0.00

(c) Other Political Committees (such as PACs)

0.00

5500.00

(d) The Candidate

147.00

335.82

(e) TOTAL CONTRIBUTIONS

(other than loans)

(add Lines 11(a)(iii), (b), (c), and (d))..

147.00

61871.79

12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES

0.00

0.00

13. LOANS:

(a) Made or Guaranteed by the Candidate.....

0.00

10000.00

(b) All Other Loans.....

0.00

0.00

(c) TOTAL LOANS (add Lines 13(a) and (b)).....

0.00

10000.00

14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)

421.45

973.65

15. OTHER RECEIPTS (Dividends, Interest, etc.)

0.00

0.00

16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶

568.45

72845.44

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3 (Revised 02/2003)

PAGE 4 / 14

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	3175.10	63041.57
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	8303.87	8303.87
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	8303.87	8303.87
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	100.00	1500.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	100.00	1500.00
21. OTHER DISBURSEMENTS	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	11578.97	72845.44

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	11010.52
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	568.45
25. SUBTOTAL (add Line 23 and Line 24).....	11578.97
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	11578.97
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	0.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 5 OF 14

☐ 11a ☐ 11b ☐ 11c ☒ 11d
12 13a 13b 14 15

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
MARIA GUTZEIT FOR CONGRESS

A. Full Name (Last, First, Middle Initial) MARIA GUTZEIT			Date of Receipt M M / D D / Y Y Y Y 01 / 07 / 2016	
Mailing Address 24463 SHADELAND DRIVE			Transaction ID : SA11D.4124	
City NEWHALL	State CA	Zip Code 91321	Amount of Each Receipt this Period _____ 98.00	
FEC ID number of contributing federal political committee. C H6CA25169		Name of Employer Self-employed		
Occupation Environmental Compliance		Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
Election Cycle-to-Date _____ 10286.82		<input type="checkbox"/> Memo Item In-kind - Postage		

B. Full Name (Last, First, Middle Initial) MARIA GUTZEIT			Date of Receipt M M / D D / Y Y Y Y 01 / 14 / 2016	
Mailing Address 24463 SHADELAND DRIVE			Transaction ID : SA11D.4126	
City NEWHALL	State CA	Zip Code 91321	Amount of Each Receipt this Period _____ 49.00	
FEC ID number of contributing federal political committee. C H6CA25169		Name of Employer Self-employed		
Occupation Environmental Compliance		Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
Election Cycle-to-Date _____ 10335.82		<input type="checkbox"/> Memo Item In-kind - Postage		

C. Full Name (Last, First, Middle Initial)			Date of Receipt M M / D D / Y Y Y Y	
Mailing Address			_____	
City	State	Zip Code	Amount of Each Receipt this Period _____	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item		
Name of Employer		Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date _____		

SUBTOTAL of Receipts This Page (optional).....	_____ 147.00
TOTAL This Period (last page this line number only).....	_____ 147.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 6 OF 14

☐ 11a ☐ 11b ☐ 11c ☒ 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
MARIA GUTZEIT FOR CONGRESS

Full Name (Last, First, Middle Initial)

CA State Compensation Insurance Fund

Mailing Address 5880 Owens Drive

City State Zip Code
Pleasanton CA 94566

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

421.45

Date of Receipt

02 / **26** / **2016**

Transaction ID : SA14.4133

Amount of Each Receipt this Period

421.45

☐ Memo Item

Workers' Compensation Insurance Refund

Full Name (Last, First, Middle Initial)

B.
Mailing Address

City State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

Amount of Each Receipt this Period

☐ Memo Item

Full Name (Last, First, Middle Initial)

C.
Mailing Address

City State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

Amount of Each Receipt this Period

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

421.45

421.45

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 7 OF 14

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

MARIA GUTZEIT FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. Bank of America

Mailing Address 24740 Valley Street

City	State	Zip Code
Newhall	CA	91321

Purpose of Disbursement
Bank Fee

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
01		04		2016

Amount of Each Disbursement this Period

29.95

☐ Memo Item

Transaction ID : SB17.4130

B. Bank of America

Mailing Address 24740 Valley Street

City	State	Zip Code
Newhall	CA	91321

Purpose of Disbursement
Bank Fee

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		01		2016

Amount of Each Disbursement this Period

29.95

☐ Memo Item

Transaction ID : SB17.4136

C. Bank of America

Mailing Address 24740 Valley Street

City	State	Zip Code
Newhall	CA	91321

Purpose of Disbursement
Bank Fee

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		01		2016

Amount of Each Disbursement this Period

29.95

☐ Memo Item

Transaction ID : SB17.4137

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

89.85

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 8 OF 14

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

MARIA GUTZEIT FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. Whitney W. Burns

Mailing Address P.O. Box 1174

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		16		2016

City	State	Zip Code
Springfield	VA	22151

Amount of Each Disbursement this Period

937.50

Purpose of Disbursement
Financial ComplianceCategory/
Type☐ Memo Item

Transaction ID : SB17.4135

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Full Name (Last, First, Middle Initial)

B. Connolly Consulting

Mailing Address 27639 Kristin Ln

Date of Disbursement

M M	/	D D	/	Y Y Y Y
01		06		2016

City	State	Zip Code
Santa Clarita	CA	91350

Amount of Each Disbursement this Period

1750.00

Purpose of Disbursement
Fundraising ConsultingCategory/
Type☐ Memo Item

Transaction ID : SB17.4120

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Full Name (Last, First, Middle Initial)

C. MARIA GUTZEIT

Mailing Address 24463 SHADELAND DRIVE

Date of Disbursement

M M	/	D D	/	Y Y Y Y
01		07		2016

City	State	Zip Code
NEWHALL	CA	91321

Amount of Each Disbursement this Period

98.00

Purpose of Disbursement
In-kind - PostageCategory/
Type☐ Memo Item

Transaction ID : SB17.4125

Candidate Name

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State: CA

District: 25

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

2785.50

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 9 OF 14

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

MARIA GUTZEIT FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. MARIA GUTZEIT

Mailing Address 24463 SHADELAND DRIVE

Date of Disbursement

M M	/	D D	/	Y Y Y Y
01		14		2016

City NEWHALL	State CA	Zip Code 91321
-----------------	-------------	-------------------

Amount of Each Disbursement this Period

49.00

Purpose of Disbursement
In-kind - PostageCategory/
Type☐ Memo Item**Transaction ID : SB17.4127**

Candidate Name

Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
----------------	--	--

State: CA District: 25

Full Name (Last, First, Middle Initial)

B. Paychex

Mailing Address 3060 Williams Drive

Date of Disbursement

M M	/	D D	/	Y Y Y Y
01		11		2016

City Fairfax	State VA	Zip Code 22031
-----------------	-------------	-------------------

Amount of Each Disbursement this Period

54.00

Purpose of Disbursement
Payroll ProcessingCategory/
Type☐ Memo Item**Transaction ID : SB17.4117**

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
----------------	---	--

State: District:

Full Name (Last, First, Middle Initial)

C. Paychex

Mailing Address 3060 Williams Drive

Date of Disbursement

M M	/	D D	/	Y Y Y Y
01		20		2016

City Fairfax	State VA	Zip Code 22031
-----------------	-------------	-------------------

Amount of Each Disbursement this Period

105.00

Purpose of Disbursement
Payroll TaxesCategory/
Type☐ Memo Item**Transaction ID : SB17.4119**

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
----------------	---	--

State: District:

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

208.00

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 10 OF 14

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

MARIA GUTZEIT FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. Paychex

Mailing Address 3060 Williams Drive

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		10		2016

City	State	Zip Code
Fairfax	VA	22031

Amount of Each Disbursement this Period

91.75

Purpose of Disbursement
Payroll ProcessingCategory/
Type☐ Memo Item

Transaction ID : SB17.4132

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Full Name (Last, First, Middle Initial)

B.

Mailing Address

Date of Disbursement

M M	/	D D	/	Y Y Y Y

City	State	Zip Code

Amount of Each Disbursement this Period

--

Purpose of Disbursement

Category/
Type☐ Memo Item

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Full Name (Last, First, Middle Initial)

C.

Mailing Address

Date of Disbursement

M M	/	D D	/	Y Y Y Y

City	State	Zip Code

Amount of Each Disbursement this Period

--

Purpose of Disbursement

Category/
Type☐ Memo Item

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

91.75

3175.10

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 11 OF 14

<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input checked="" type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

MARIA GUTZEIT FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. MARIA GUTZEIT

Mailing Address 24463 SHADELAND DRIVE

Date of Disbursement

M M	/	D D	/	Y Y Y Y
01		28		2016

City NEWHALL	State CA	Zip Code 91321
-----------------	-------------	-------------------

Amount of Each Disbursement this Period

4000.00

Purpose of Disbursement
Loan Repayment

Candidate Name

Category/
Type☐ Memo Item

Transaction ID : SB19A.4116

Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
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State: CA District: 25

Full Name (Last, First, Middle Initial)

B. MARIA GUTZEIT

Mailing Address 24463 SHADELAND DRIVE

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		21		2016

City NEWHALL	State CA	Zip Code 91321
-----------------	-------------	-------------------

Amount of Each Disbursement this Period

1000.00

Purpose of Disbursement
Loan Repayment

Candidate Name

Category/
Type☐ Memo Item

Transaction ID : SB19A.4138

Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
----------------	--	--

State: CA District: 25

Full Name (Last, First, Middle Initial)

C. MARIA GUTZEIT

Mailing Address 24463 SHADELAND DRIVE

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		21		2016

City NEWHALL	State CA	Zip Code 91321
-----------------	-------------	-------------------

Amount of Each Disbursement this Period

3303.87

Purpose of Disbursement
Loan Repayment

Candidate Name

Category/
Type☐ Memo Item

Transaction ID : SB19A.4139

Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
----------------	--	--

State: CA District: 25

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

8303.87

8303.87

SCHEDULE C (FEC Form 3)
LOANS

PAGE 12 OF 14

Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4107

MARIA GUTZEIT FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial) **PERSONAL FUNDS** ☐ Memo Item

MARIA GUTZEIT

Election: 2016

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

24463 SHADELAND DRIVE

City

State

ZIP Code

NEWHALL

CA

91321

Original Amount of Loan

5000.00

Cumulative Payment To Date

5000.00

Balance Outstanding at Close of This Period

0.00

TERMS

Date Incurred

M M / D D / Y Y Y Y
08 / 13 / 2015

Date Due

M M / D D / Y Y Y Y
On Demand

Interest Rate

0.00

% (apr)

Secured:

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

0.00

TOTALS This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

PAGE 13 OF 14

Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4108

MARIA GUTZEIT FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial) **PERSONAL FUNDS** ☐ Memo Item

MARIA GUTZEIT

Election: 2016

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

24463 SHADELAND DRIVE

City

State

ZIP Code

NEWHALL

CA

91321

Original Amount of Loan

5000.00

Cumulative Payment To Date

3303.87

Balance Outstanding at Close of This Period

0.00

TERMS

Date Incurred

M M / D D / Y Y Y Y
09 / 09 / 2015

Date Due

M M / D D / Y Y Y Y
On Demand

Interest Rate

0.00 % (apr)

Secured:

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

0.00

TOTALS This Period (last page in this line only)..... ►

0.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

: 97 `A=G79 @G B9CI G`H9LH`F9 @H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+H9A=N5HCB
.

Form/Schedule: SC/10

Transaction ID : SC/10.4108

(Current loan amount of 1696.13 from a balance of 1696.13 has been forgiven)

Form/Schedule:

Transaction ID: